


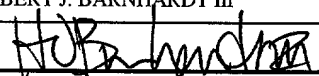
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02/11/02

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>Only for new nonprovisional applications under<br/>37 C.F.R. § 1.53(b)</i> | Attorney Docket No.               | A-7420  |
|  | First Inventor or Application No. | PLOURDE ET AL.                                      |
|  | Title                             | MANAGEMENT OF TELEVISION PRESENTATION<br>RECORDINGS |
|  | Express Mail Label No.            | EV038881931US                                       |

|   |   |          |       |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
|---|---|----------|-------|--|--|---------|--|--|--|------|-------|----------|--|---------|-----------|-----|--|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents  | <b>ADDRESS TO:</b> Box Patent Application<br>Commissioner for Patents<br>Washington DC 20231  |          |       |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br>(Submit an original and duplicate for fee processing)<br>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>26</u> ]  | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)<br>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(e.g. PTO/SB/17)<br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies   |          |       |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| 3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>17</u> ]<br>4. Oath or Declaration [Total Pages <u>3</u> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br>(for continuation/divisional with Box 16 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see<br>37 C.F.R. §§ 1.63(d)(2) and 1.33(b) | <b>ACCOMPANYING APPLICATION PARTS</b><br>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of<br>(when there is an assignee) Attorney<br>9. <input type="checkbox"/> English Translation Document (if applicable)<br>10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations<br>11. <input type="checkbox"/> Preliminary Amendment<br>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application,<br>Statement(s) Status still proper and desired<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>15. <input type="checkbox"/> Other: |          |       |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| 16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No:<br>Prior application information: Examiner: Group Art Unit:   |   |          |       |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <b>17. CORRESPONDENCE ADDRESS</b><br><input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below   |   |          |       |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| <table border="1"> <tr> <td>Name</td> <td colspan="3">05642</td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>   |   | Name     | 05642 |  |  | Address |  |  |  | City | State | Zip Code |  | Country | Telephone | Fax |  |
| Name  | 05642   |          |       |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
| Address   |   |          |       |  |  |         |  |  |  |      |       |          |  |         |           |     |  |
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|                   |   |                                   |                   |
|-------------------|---|-----------------------------------|-------------------|
| Name (Print/type) | HUBERT J. BARNHARDT III   | Registration No. (Attorney/Agent) | 36,739            |
| Signature         |  | Date                              | FEBRUARY 11, 2002 |

Docket No.: A-7420

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: PLOURDE ET AL.

DOCKET NO.: A-7420

TITLE: MANAGEMENT OF TELEVISION PRESENTATION RECORDINGS

FEBRUARY 11, 2002

**FEE TRANSMITTAL FORM**

Box PATENT APPLICATION

Commissioner for Patents

Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

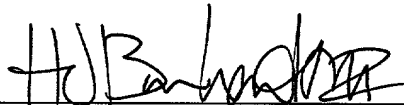
|                           | No. of Claims<br>Filed | No. of Claims<br>Paid For | No. of Extra<br>Claims | Rate     | Fee        |
|---------------------------|------------------------|---------------------------|------------------------|----------|------------|
| Independent Claims        | 4                      | 3                         | 1                      | \$ 84.00 | \$ 84.00   |
| Total Claims              | 41                     | 20                        | 21                     | \$ 18.00 | \$378.00   |
| Multiple Dependent Claims |                        |                           |                        | \$280.00 | \$000.00   |
| Basic Filing Fee          |                        |                           |                        | \$740.00 | \$740.00   |
| Total Filing Fee          |                        |                           |                        |          | \$1,202.00 |

One duplicate original of this sheet is enclosed.

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By:

  
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